

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 59195 - 311706																								
In re Application of Ralph Bohmer																										
Application Number 10/516,430	Filed May 30, 2003																									
For MATERNAL ANTIBODIES AS FETAL CELL MARKERS TO IDENTIFY AND ENRICH FETAL CELLS FROM MATERNAL BLOOD																										
Art Unit 1641	Examiner GABEL, Gailene																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"></th> <th style="text-align: right; vertical-align: bottom;">Fee</th> <th style="text-align: right; vertical-align: bottom;">Small Entity Fee</th> <th style="text-align: right; vertical-align: bottom;">\$</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: right; vertical-align: bottom;">\$120</td> <td style="text-align: right; vertical-align: bottom;">\$60</td> <td style="text-align: right; vertical-align: bottom;">\$ 60.00</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right; vertical-align: bottom;">\$460</td> <td style="text-align: right; vertical-align: bottom;">\$230</td> <td style="text-align: right; vertical-align: bottom;">\$</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right; vertical-align: bottom;">\$1050</td> <td style="text-align: right; vertical-align: bottom;">\$525</td> <td style="text-align: right; vertical-align: bottom;">\$</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right; vertical-align: bottom;">\$1640</td> <td style="text-align: right; vertical-align: bottom;">\$820</td> <td style="text-align: right; vertical-align: bottom;">\$</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right; vertical-align: bottom;">\$2230</td> <td style="text-align: right; vertical-align: bottom;">\$1115</td> <td style="text-align: right; vertical-align: bottom;">\$</td> </tr> </tbody> </table> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p style="margin-left: 20px;"><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p style="margin-left: 20px;"><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="margin-left: 20px;"><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p style="margin-left: 20px;"><input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>06-0029</u>. I have enclosed a duplicate copy of this sheet.</p> <p style="margin-left: 20px;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>				Fee	Small Entity Fee	\$	<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 60.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$
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<p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 20px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 20px;"><input type="checkbox"/> attorney or agent of record. Registration Number <u>51,774</u></p> <p style="margin-left: 20px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34.</p> <hr/> <p style="margin-left: 20px;">Registration number if acting under 37 CFR 1.34. _____ .</p>																										
<u>/Roberta Jean Hanson/</u> Signature <u>Roberta Jean Hanson</u> Typed or printed name		November 23, 2007 Date <u>303/607-3500</u> Telephone Number																								
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>																										
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.																										